
Citation:

Robinson, M and Robertson, S (2014) Challenging the field: Bourdieu and men's health. *Social Theory and Health*, 12 (4). 339 - 360. ISSN 1477-8211 DOI: <https://doi.org/10.1057/sth.2014.8>

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/233/>

Document Version:

Article (Accepted Version)

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

Challenging the field. Bourdieu and Men's Health

Mark Robinson
Centre for Men's Health
Faculty of Health and Social Sciences,
Leeds Metropolitan University

Steve Robertson
Centre for Men's Health
Faculty of Health and Social Sciences,
Leeds Metropolitan University

Corresponding author:

Dr. Mark Robinson

Centre for Men's Health
Faculty of Health and Social Sciences,
Leeds Metropolitan University
Queen Square House
80 Woodhouse Lane
Leeds
LS2 8NU

UK

44 (0)113 812 1982

m.r.robinson@leedsmet.ac.uk

Challenging the field. Bourdieu and Men's Health

Abstract

This paper considers how understandings of health promotion with men may be assisted by engagement with Bourdieu's theoretical work. The paper outlines leading concepts within Bourdieu's work on 'field' 'habitus' and 'capital', considers subsequent critical debates among gender, feminist and sociological theorists around structure and agency, and links these to discussions within men's health. A particular focus concerns structural disruption of, and movement of social actors between, 'fields' such as family, work and leisure settings. The paper examines, through Bourdieu's critical legacy, whether such disruption establishes conditions for transformative reflexivity among men in relation to previously held dispositions (habitus), including those inflected by masculinities, that affect men's health practices. Recent work within Bourdieu's heritage potentially facilitates a re-framing of understandings of men's health practices. The paper specifically explores masculine ambivalence within accounts of reflexivity, identities, and practice, and considers how social and symbolic ('masculine') capital are in play. Implications of Bourdieu's leading concepts for theorising settings-focused approaches to men's health promotion are exemplified with reference to a men's health project in a football stadium leisure setting. The paper considers benefits and challenges of applying gendered critical insights drawing on Bourdieu's work to men's health promotion, and discusses emerging theoretical dilemmas.

200 words

Key words

Health promotion, gender, structure, agency, social practices, social inequalities

Introduction

Among the pressing tasks for researching and evaluating health promotion are those of understanding relationships between different components of proposed change in programmes, and developing theoretical insights of wider application. In particular, on-going tensions persist between approaches which predominantly focus on persuading individuals to adapt their attitudes and lifestyle behaviours and those which predominantly focus on adapting the environment, social structures and context, at a local and national level. ‘Combined’ approaches have often been favoured, of course, but understanding the intersection between structuring factors and individual agency remains a persistent challenge. Some have suggested that Bourdieu can help our understanding of these links between structure and agency in the health and lifestyles debate particularly through his integrated concepts of habitus, field and capital (Williams, 1995). Bourdieu’s work is of great interest for social analysis, and has specifically interested gender theorists not least because he dedicated an entire text to theorising ‘masculine domination’ (Bourdieu, 2001). Yet, to date, there has been very little work attempting to incorporate gender, and specifically notions of masculinities, when theorising the links between health and lifestyle, using Bourdieu’s work.

The “men’s health field”, both in academia and in health promotion practice, has struggled to fully integrate itself with inequalities in health work (Lohan, 2007) often relying instead on poorly developed notions of hegemonic masculinity for explaining, in culturally-determined and individualistic terms, men’s (‘risk taking’) health behaviours and associated health outcomes. Such approaches not only create a tendency towards an implicitly pejorative view of ‘masculinity’, and, by extension, men, but also fail to appreciate the importance of the structural embedding of gender relations in creating health inequalities, influencing men’s ‘lifestyle’ behaviours – better understood as social practices – and generating associated health outcomes (Robertson & Williams, 2012).

In trying to address this and do more to integrate social determinants into research on men and health, some gender masculinities and health researchers have begun to turn to Bourdieu to help bridge the gap between culturally determined, individualistic approaches and structural, socio-economic-focused explanations and to help identify possible ways forward for improving the health of men (Robertson, 2007, Lohan, 2007, Gibson, 2007). At the moment such work has been tentative.

This article therefore sets out to build on the theoretical aspects of this previous work. It considers how understandings of health promotion with men may be assisted by engagement with Bourdieu’s theoretical work and equally by the engagement with this work **accomplished** in the last ten years by feminist and sociological theorists. A substantial proportion of this work has engaged with gender

inequalities with a focus on structural embedding of gender relations at work. This article assesses the relevance of insights in this area to examining health inequalities and health promotion for men. The particular emphasis by these theorists on the field of paid work is apposite for examining health inequalities and men's health promotion because of two factors. The factors are, first, protracted economic restructuring, and, most recently, financial crisis, has led to a decline in traditional male occupations and also higher unemployment for men, and, second the greater distress arising for more disadvantaged men from such dislocation, specifically because of their investments in regular work as a means of constructing their male identity, and associated problems with sustaining the traditional male provider role (Samaritans, 2012). The article discusses the possible benefits, and challenges, of seeking to apply gendered insights which draw on, and are critical of, Bourdieu's work to the field of men's health promotion. In doing so, we also highlight further theoretical dilemmas. These issues are exemplified with reference to a men's health project in a specific male-friendly football stadium leisure setting.

Bourdieu's key concepts.

Before proceeding with the core of this paper, it is necessary first to recap the main concepts of Bourdieu's work and how we understand these within the paper. The leading concepts within Bourdieu's work are those of 'field' 'habitus' and 'capital'. The 'field' is a setting in which social actors are located in their social positions (for example an employment setting, or a family, or a production setting for consumer leisure activity e.g. professional football). The position of each particular social actor in the field is a result of interaction between the specific rules of the field, an agent's habitus and an agent's capital. (Bourdieu, 1984). A *field* is viewed as a site of struggle and negotiation over the appropriation of capital. *Capital* can take different forms: economic, social, cultural and symbolic capital denote the resources and values around which power relations in fields take shape (McNay, 1999; Bourdieu, 1986). These forms of capital are exchangeable for each other, under certain conditions. Economic capital includes finance capital, shares and other economic resources. Cultural capital is ability to negotiate cultural rules of good taste in order to obtain and sustain social distinction. Social capital consists in social connections or networks which enable the actor to make use of, gain access to or profit from other forms of capital e.g. cultural and economic; and finally symbolic capital is that power which comes with social position, conferring on the bearer prestige, honour and recognition granted by diverse social groups (Bourdieu 1986; 1984; 1977). *Habitus* is a socially regulated (structured), largely unconscious set of attitudes and habits of thought and feeling which guide the social actor in their actions within specific fields: "the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and

structured propensities to think, feel and act in determinant ways, which then guide them” (Wacquant 2005: 316, cited in Navarro 2006: 16). The habitus is also embodied as dispositions which include postures, speech styles, ways of eating and moving. This ‘bodily hexis’ is “political mythology realised, embodied, turned into a permanent disposition, a durable manner of standing and speaking and therefore of feeling and thinking” (Bourdieu 1978: 94). This triad of key concepts is understood relationally, that is, capital, field and habitus obtain full significance from the bearing they have on each other. For example, as Bourdieu describes it, “in all cases where the dispositions encounter conditions (including fields) different to those in which they were constructed and assembled, there is a dialectical confrontation, between habitus, as structured structure and objective structures” (Bourdieu 2005: 46).

Post-Bourdieu analysis from feminist and sociological writers.

A number of feminist and sociological writers have engaged with Bourdieu’s theories. Two main strands are of interest for men’s health. Some feminist writers have interpreted Bourdieu’s work through a positive though critical lens, while other writers remain more sceptical. Prominent among the former, McNay (1999) highlights the positioning of gender identity within the ‘habitus’, unconscious dispositions that mediate between an individual’s actions and conditions of production. This account, highlighting temporality, counterbalances the extent to which these dispositions are durable, for example structured from past “primary social experiences” (McNay 1999: 103) - early childhood family and schooling enculturation, and how far they afford space for social agency, allowing for ‘generative’ anticipation of future uncertainty by social actors. For McNay, while gendered habitus is open to modification through later experiences, a strong determinism limits the scope of autonomous reflexivity through “deep-seated, often unconscious investments in conventional images of masculinity and femininity which cannot easily be reshaped” (McNay, 1999: 103) as “determinisms operate to their full only by the help of unconsciousness” (Bourdieu, 1992: 136). The ‘embodied’ nature of experiences within the ‘habitus’ emphasises that “the somatization of power relations involves the imposition of limits upon the body which simultaneously constitute the condition of possibility of agency” (McNay, 1999: 104). An example of this might be limiting the conditions under which men’s bodies express vulnerability through crying.

Much of Bourdieu’s writing provides a theoretical account of structural constraints on social agency: "the principle of practice has to be sought [...] in the relationship between external constraints which leave a very variable margin for choice, and dispositions which are the product of economic and social processes that are more or less reducible to these constraints, as defined at a particular

moment.” (Bourdieu, 1992a: 60). Stirring up the restive margins of this emphasis on constraint, Bourdieu’s concept of “regulated liberties” (Bourdieu 1992b: 133) is mobilised by McNay to explore structural conditions under which reflexive self-awareness and subsequent potential for social agency and change might occur. Specifically, Bourdieu’s suggestion that proliferation of increasingly differentiated fields yields potential for subversive movement and conflict between fields (1989) is taken up by McNay to argue that the *gendered* habitus may be disrupted by movement of social actors between fields or changes in the structuring of fields. Whereas Bourdieu’s conception of subjectivity tends to unify distinct ‘masculine’ and ‘feminine’ positions, complexities of movement between social fields are taken by McNay to underscore the potentially conflicting multiplicity of subject positions (1999). From this feminist perspective it is argued that all fields contain and enforce a set of gender rules and dispositions, some common to diverse fields, others specific to a particular field (Chambers, 2005; Krais, 2006; Thorpe, 2009). For example, gendered rules and dispositions about roles, performance, or promotion in specific fields of employment often differ.

An example discussed by McNay is that of “women entering the workforce after child-rearing” encountering incompatibilities between habitus of the domestic field and the “objective requirements of the workplace” (1999: 110). In this way, “reflexivity can emerge therefore only from distancing provoked by the conflict and tension of social forces operating within and across specific fields”. Changing constructs of masculinity and femininity are viewed as occurring discontinuously from “negotiations of discrepancies by individuals in their movements within and across fields of action” (1999:110). This approach has been applied elsewhere, for example in Gibson’s studies of men living with muscular dystrophy: “Masculinities, like identities in general, are accomplished through everyday practices and strategies that change with time and place and emerge from the interplay between habitus and field.” (Gibson et al., 2007: 510). However, reflexivity arising from dislocation of subjects between fields does not always establish conditions for adaptive agency towards new social practice. Recent masculinities research allied to this approach has examined conflicting effects in the gendered, inter-generationally transmitted habitus of working-class males finding low-skilled work in ‘feminised’ service sectors (Nixon, 2009) and questioned whether this long-term structural disruption of fields establishes conditions for transformative reflexivity among men who struggle to perform the discourse of communicative deference demanded of low-skilled service work, and in effect resist incorporation (engaging instead in ‘protest’ masculinity). In both the above examples, “women entering the workforce after child-rearing”, and men in low-skilled service sector work, the extent to which a subject’s ambivalent reflexivity on an enduring gendered habitus contains potential to empower new agency might seem

to depend on other mediating factors; such as a. structural (socio-economic) inequalities, and b. social support for transitional or de-traditionalizing gender norms and discourses.

Concerning at least some men in low-skilled service work, an analytic challenge is to conceptualise their experiences of ambivalence and anomie, and the possible effects of this on lifestyle and wellbeing where these men may engage in compensatory protest masculinities (Lohan, 2007; O'Brien et al., 2005). Addressing this challenge, in our view, requires gendered analysis of the intersections between men occupying a structurally low-status, low-pay role, normative (gendered) attitudes (*habitus*), the amount of field-specific capital (i.e relevant attributes and abilities) at the men's disposal, and the degree and gendered quality of peer interaction. Peer interaction can be considered crucial, in that potentially transformative instances of reflection arising through dislocation need to be taken up **within the negotiated practices of social networks - in the accounting for actions and calling others to account (Bottero, 2010)** - to contribute towards generating alternative, empowering cultural forms, discourses and repertoires. **The structural effects of shifts in workplace cultures underscore how fields themselves are not static (Crossley, 2001: 111), and this makes possible an ongoing "incorporation of the role or perspective of the other within our own habitus" through intersubjective practice, so "habits fit into an ongoing dialogue between social agents and their world" (Crossley, 2001: 112, 116).** This has the potential, **at best,** to lead incrementally to reshaping dispositions (*habitus*) and redefining gendered identities through an "evolving spiral" (Gibson et al., 2007: 514).

Other feminist sociologists have expressed scepticism over how far any such potentially enabling "reflexivity", as a pre-condition of agency, can be accounted for through *habitus*-field dislocations within Bourdieu's framework. De-traditionalisation of gender, in Adkins account (2004) is not always best accounted for in terms of movements of the feminine (or masculine) *habitus* into different fields of action: "rather than de-traditionalising, reflexivity is tied into the arrangements of gender" (2004: 202). Some workplaces' management practices promote a regulatory reflexivity about emotional performance and awareness of gender at work: "training exercises establish gender not only as a matter of reflexivity but also as a matter of performativity" (2004: 202). Workplace communities, then, can be more or less reflexive, and this reflexivity can be more or less routine and commodified (tied into structurally regulated 'performance', for example of client-facing emotion work in relations with prospective buyers, in which gender relations are barely altered) or transformational. "For both men and women gender is increasingly taking the form of a self-conscious artifice which can be managed, strategically deployed and performed" (2004: 202). This

approach resonates with a growing tradition of research and critical debate on emotional labour (Bolton, 2005; Hochschild, 2003). This work has highlighted the emotional complexity of service work while also scrutinizing how best to characterize emotional labour in specific gendered work contexts. Emotional labour has been characterised as socially structured 'acting' that people try to feel – "the act of trying to change in degree or quality an emotion or feeling" (Hochschild, 1979: 561) while engaging in emotional displays and exchanges according to 'feeling rules' (involving learned cognitive, bodily and expressive techniques or skills) (Hochschild, 1979). Reflexivity occurs in-situ, in Hochschild's account, "emotion work becomes an object of awareness" "when the individual's feelings do not fit the situation; that is when the latter does not account for or legitimate feelings in the situation" (Hochschild, 1979: 563). In the ensuing vigorous debates around structure/agency in emotional labour, it has been claimed that in some skilled service roles e.g. nursing "extra emotional labour", also entailing hard reflexive work, involves a "gift" "of authentic caring behaviour" (Bolton, 2005: 586).

A common theme in the feminist work discussed so far is the "ambivalence" or "conflictuality" of reflexivity for social actors – as the habitus of social actors adapts, or mimics adaptation, in relation to a changing or differentiated field of action (Adkins, 2004: 207; McNay, 1999: 108). This ambivalence around habitus and identity concerns partial, incompletely assimilated adaptation to structurally imposed norms; it can be marked by a form of psycho-social camouflage or resistant *mimicry* "the mimetic acquisition of the norm is at once the condition by which a certain resistance to the norm is also produced" (Butler, 1999: 118). A small number of empirical ethnographic studies, informed by these conceptual debates around ambivalence and mimetic adaptation, have focused on men, gender and identity across divergent fields of action. A positive example of mimetic resistance in masculine identities in the family field was noted among men with muscular dystrophy in Gibson's study, who "adapted stereotypical markers of masculinity such as strength, intelligence, leadership, and autonomy and expressed them in non-traditional ways" (Gibson, 2007: 512). One man, for example, supported his mother by taking the burden of decision-making about commencing ventilation away from her, showing consideration of her discomfort, and only discussing this after he had made the decision; therefore displaying masculinities of independence that legitimise working to care for her emotionally (Gibson, 2007: 512). Within men's health a less positive twist of this ambivalence is suggested in another study where men knew about and reflected on what they 'ought' to do as citizens concerning healthy practices but still stopped short of practices which clash with hegemonic masculine codes (the "don't care/should care" dichotomy (Robertson, 2007).

Another study explored men who were constrained to conform to stereotypes of embodied masculinity prevalent within particular occupational fields and cultures understood as either more 'masculine' or 'feminine' (fire-fighting, estate agency, hairdressing,) in order to perform their work (Hall et al., 2007). However, their embodied social practice is influenced by factors such as: a) tensions between gendered fields of family and work (exemplified with a home-handyman hairdresser); b) shifting gendered make up of particular occupations (the estate agent expected to embody authority, masculinity, and business-like demeanour with investors and developers, yet also to perform sympathetically and act gentle, doing emotion work with family clients); and c) bodily changes associated with ageing (the ageing fire-fighter contemplating his embodied masculinity in relation to increasing strains of shift-work and physical recovery). These factors lead them to mimetically undercut, resist or re-negotiate constrained stereotypical performances, in gendered displays of agency. It is thus argued that "gendered subjectivities are generated through men's embodied engagement with prevailing body-based masculine stereotypes and sometimes highly local processes of inter-subjective negotiation and resistance" (Hall et al., 2007, 350). The problematic openings in men's health between ambivalent reflexivity, mimetic adaptation, and authentically engaged practice are further discussed in later sections.

The debate concerning whether structural dislocation across and within fields is a necessary or sufficient precondition for gender reflexivity has also been overlaid within feminist sociology by a distinct focus on intersectionality; specifically that of gender, class and ethnic identity components of habitus. This intersectionality implies considering different hierarchies relevant to health inequalities simultaneously (Lohan, 2007).

Skeggs argues that Bourdieu's discourse around a socially dominant habitus implies an embodied "exchange value self": that the "imperative to maximise value fuels the habitus" and "value can be accrued and stored in the body" (Skeggs, 2004: 86). By contrast, in this account, the "working class habitus" is viewed by Bourdieu (in accounting for cultural distinction and class domination) as "shaped by necessity and resignation" (Skeggs, 2004: 86). However, Skeggs suggests debate around habitus needs widening out to take fuller account of class and ethnic identities: she posits "other values" beyond individualistic "self-making" within the "working-class culture"; community-inflected value systems outside the "dominant symbolic" such as "affect", expressions of anti-pretentiousness, loyalty, caring, anger, defiance, frustration and humour which are not posited on the basis of "accumulation" (Skeggs, 2004: 88). While these dispositions speak to structured and structuring residual or emergent cultural formations, rather than the dominant accumulative individualism, they are lived, experienced, embodied and voiced by social actors. Similarly, citing

earlier work by Williams (1977) on structures of feeling, McNay specifically posits the significance of *emotions* shaped socially and relationally within habitus: “by analysing emotions as a form of social interaction it is possible to see how they are both shaped by latent social structures and also the vehicle through which invisible power dynamics are made present within immediate everyday experience.” “If certain types of social experience possess an unfinished or open-ended quality, it is because they may be historically emergent (or residual) or pertain to the experiences of socially ‘muted’ groups” (McNay, 2004: 187). These accounts seek to move beyond the more structurally over-deterministic tendencies of Bourdieu’s account of habitus (for example working class habitus shaped by necessity), but stop short of providing a sense of how voicings and questionings of lived value systems and emotions may be collectively and locally accomplished by actors in a field, such as a specific work or leisure space, within negotiated social practice.

Masculinities research and post-Bourdieu analysis.

Men’s health promotion has not engaged sufficiently with post-Bourdieu theoretical debates around the structure-agency concerns outlined above. One difficulty lies in the approaches taken by some masculinities researchers to making use of Bourdieu’s work, which creates complications for health promotion. For example Coles (2009) seeking a rapprochement between Connell’s work on hegemonic masculinities and Bourdieu, argues (problematically) for masculinity as a ‘field’, and (very usefully) for the male body (linked to Bourdieu’s (1978) ‘bodily hexis’) as a form of valued and contested ‘physical capital’. The difficulty is that, as we have seen, the concept of ‘gendered’ field is used widely to embrace such symbolic settings of social activity as family, fire-fighting work, hairdressing work. This settings approach allows for conceptualising how tensions between and within changing fields making the ‘historic’ possibility for social actors of gender reflexivity. By positing masculinity itself is a ‘field’, masculinities theory would lose analytic purchase on this potential. How, for example, can homeless shelters, or football clubs/stadia (both potential sites for health interventions) be considered (gendered) fields if ‘masculinity’ is a field? Indeed, Thorpe (2010, p.182) has rejected masculinity as a field: “gender does not constitute a specific social field as it is sometimes assumed”. Instead, according to feminist critics, gender “enters into the ‘game’ of different social fields in ways specific to each field” (Krais, 2006, p. 128).

Other masculinities researchers have, without engaging with Bourdieu, used Connell’s theory of ‘hegemonic masculinity’ to explore how men construct masculine identities in particular settings and during specific transitional events. An example is Dolan’s and Coe’s (2011) account of how new

fathers' construction of appropriate practice during pregnancy and childbirth moved away from traditional male values familiar in other public spheres, as men conceded control and so were assigned to marginalised positions. However, by drawing on traditional male notions of stoicism they were still able to perform a masculine role congruent with dominant masculinity: they traded loss of control for the performance of stoicism. An aspect of the discomfort which men have to negotiate is that the health settings for antenatal classes and childbirth were perceived as feminised. The analysis here could be conducted in Bourdieu's terms of field and habitus: gender enters into the feminised field of antenatal care, for example in the challenge for men of performing masculinity within a mother-and-child centred discourse that highlights emotions: men coped by highlighting others' emotions, and practical functions – their residual 'capital'. This was reinforced by health professionals in the field, who, within a shared habitus, accepted and endorsed the notion that men prefer hands on tasks, and their marginal status. The professionals and men therefore jointly accomplished a practice which perpetuates the men's field-specific marginalisation.

An advantage of drawing on Bourdieu is that 'setting' can be subject to a more layered and relational analysis in terms of the rules of the field. The practices of social actors can then be seen in terms of situation specific, and mutually coordinated deployment of subconscious 'habitus' dispositions that may involve 'gender' and other intersectoral 'identity' influences within the specific field, in pursuit or maintenance of capital. The importance of intersectoral analysis is emphasised in masculinity research which highlights class, for example in Dolan and Dubonnet's (2010) analysis of traditional hegemonic working class masculinity 'risky practices', and their effects on health and accompanying discourses around health, which owe as much to occupational inequalities as gender.

However, as the feminist post-Bourdieu analysis of Skeggs and McNay (above) show, introducing Bourdieu's theoretical framework into such intersectoral analysis greatly opens out potential for examining dynamic, and diverse rules of the field (e.g. in post-industrial economic landscapes) and of habitus (during displacements within and across fields). It is then possible to consider, within that framework, emergent or newly voiced as well as residual community-inflected values and emotions as forms of social practice. It also allows for the introduction of questions of reflexivity and agency within a structurally focused analysis. So, Bottero (2010, p. 9) asks "Why do certain aspects of habituated practice, and not others, become reflexively drawn upon under given circumstances". Her analysis concludes that, within given fields, the social networks that people engage in are increasingly not homogenous, so that encounters between actors with differentiated habitus are increasingly the norm: "the operation of the habitus, and its intersection with field, is partly a question of the interactional properties of networks, in which our practice is subject to the

contingently variable characteristics and dispositions of the people around us" (Bottero 2010, p.20). Reflection, then, frequently has a relational, negotiated aspect as "individuals must account for their actions, and call others to account, as routine features of practice" (Bottero (2010, p.20). This occurs since practice is experienced "not just in terms of dispositions to act but also as a relation to the expectations and influence of concrete networks of others" (Bottero, 2010, p.16). This is increasingly relevant, for example, where gendered division of roles and tasks is no longer a taken-for-granted norm.

Applications to men's health

The emphasis in post-Bourdieu theoretical and empirical work outlined above, on the intersection of diverse, unhomogenised class, and ethnic cultural dispositions within a social actor's (conflictual) gendered habitus, and on potential for reflection as an aspect of negotiated social practice, has implications for assisting understandings of men's health practices, and framing debates around men's health promotion.

To illustrate this potential, an area of potential relevance and interest for men's health is that of healthy settings and settings-based health promotion work. Settings can be analysed in terms of Bourdieu's field. Two main approaches to promoting health in specific settings can be identified. One, settings-based health promotion (Whitelow et al. 2001) views the setting as a mostly neutral vehicle offering favourable circumstances for more individually focused health activities (e.g., health education) (Woodall, 2012). The other, the healthy settings approach, views health as being determined by an interaction of environmental, structural/organizational and individual factors (Dooris et al, 2007, Woodall, 2012). This approach therefore has an emphasis on making specific settings (organisations and their associated material environment) health promoting, embedding this through every aspect of structure and service delivery (for example the Health Promoting Schools Programme). The World Health Organisation definition endorses healthy settings based health promotion: "Actions often involve some level of organizational development, including changes to the physical environment or to the organizational structure, administration and management. Settings can also be used to promote health as they are vehicles to reach individuals, to gain access to services, and to synergistically bring together the interactions throughout the wider community." (WHO, 1998: 19). A possible risk of these settings-focused approaches, if conceived in isolation from wider considerations of community and society, is that they may exclude some of the

most at-risk socially disadvantaged groups who do not routinely attend specific settings (Dooris and Hunter, 2007).

When a men's health intervention is implemented within a particular field: for example a football club or a workplace, do Bourdieu's inter-related theoretical concepts of field, habitus and capital yield valuable insights into change dynamics which might otherwise be missed? An example will be considered¹. By contrast with the 'feminization' of service employment fields discussed above, the field of spectator sport, specifically football, remains, through all its transitions, associated with an enduring 'masculine' gendered habitus. Contradictions may be ever more evident, for example between those who accrue status from the cost/position of their seat, but whose knowledge/interest in the game is questioned by others, compared to those in less expensive sections, but who may be defined by themselves and others as 'real' supporters. Family sections have softened but not ended masculine hegemony in some sections. All things considered, the football stadium with its substantial, still predominantly male community has been considered a potentially welcoming, albeit challenging, public setting for promoting men's health.

Example. The example concerns a recent evaluation, conducted by the authors and colleagues, of a public awareness campaign, Choose Life, North Lanarkshire (NL), concerned with suicide prevention, (BLINDED et al, 2014). The campaign, among many other elements, presented a message '*Suicide. Don't Hide It. Talk About it.*', aimed at sections of the general public, (in this case a predominantly male football-follower community) accompanied with call numbers for Samaritans and Breathing Space help-lines (both mental health helplines), on large, prominently displayed billboards, players' football shirts, and posters around a football club in Scotland. This is, as we shall see, primarily an example of a 'settings-based' health promotion campaign; i.e. the message was put in front of men in a community setting, which focused on habitus, but rather divorced from field and capital.

The campaign aimed at overcoming reluctance among the general public to talk about and engage with suicide and suicide prevention. Social concerns around men lacking a legitimate discourse for communicating vulnerability, and having lower levels of social support (Pevelin and Rose, 2003) can interact with the fact that, assigned a label of mental illness, a person may take on a stigmatised identity (Corrigan and Wassel, 2008), strengthening the perceived risk for men of talking about mental health or suicide. Non-recognition or missed communication of emotional vulnerability has

¹ The details of study design and key findings are not provided here but can be found in the reference provided. The aim here is to use this empirical work to highlight the conceptual points under discussion.

been said to contribute to under-diagnosis of male mental health concerns (Kilmartin, 2005; Samaritans, 2012).

Campaign evaluation work, including a survey and focus groups with men from the general public, showed that the public nature of the campaign, putting the issue in front of people in community settings, and the specific message on the prominent campaign strapline ("*Suicide. Don't Hide it . Talk about it.*") affected the attitudes of some men, making them less inclined to stigmatise others.

"You wouldn't say 'pull yourself up by the boot straps' or 'get your act together'."

This change in men's attitude involved considerable reflexivity. However, the reflexivity, concerning 'habitus', was highly ambivalent, not necessarily leading to change in social practice (asking for or giving help, talking about suicide with other men). The campaign's effects were said by men (and indicated by survey findings) to be limited by a common male preference for information seeking rather than discussing suicide: men at a football match might see Choose Life billboards but might not discuss them with peers. Further, male friends in the 'general public' might feel uncertain whether the strapline message to 'Talk' applied to them, or if they should use the call numbers.

"Lots will see that message. But nobody's come to me after the game and said 'I saw this'."

"Individuals are not talking to others about it. It is still being kept a secret."

The core concern is that awareness and reflexivity might not translate into agency that is legitimized in terms of masculinities ("Talk about it"). Concerning this, by targeting community settings, but adopting a settings-based approach mainly aimed at individuals potentially at risk, in Bourdieu's terms the campaign focused on 'habitus' without linking this expansively to 'field' and 'capital'.

To engage with men's ambivalence especially concerning mental health, where culture change is required in organisations, in individuals, and across local communities, 'healthy settings' interventions could target field, habitus and capital in a coherent way. In Bourdieu's terms, the totality of positions within a field (for example the football setting above,) and in relation to other fields (family, work, community) needs to be considered. Without this, health promotion in masculine sports settings faces the risk that moments of reflexivity around mental health and stigma amongst individual men at sport are soon submerged by collective "calls to account" (Bottero, 2010, p.17) within a hegemonically masculine group habitus. The football supporters' field itself continues to contain sets of relationships and discourses (peer banter, rival supporters' chants, 'insults' that at times have included homophobic or other forms of abuse) which traditionally discourage rather than legitimize confessions of vulnerability. A football club may have innovatively repositioned itself as a

family and community club, i.e. far less masculinist, for example developing a community trust to provide sports health and lifelong learning to the community, but this has not necessarily permeated the entire supporters' culture: some supporters may not have identified with these healthier aspects of the setting. Campaigns therefore need to consider what additional support is needed to engage men sufficiently and over a length of time to bring to the surface durable cultural contradictions and work through ambivalences.

Considerations concerning the *field* for further development of a sports settings campaign might include coordinating different campaigns and elements to develop greater consistency and contribute to transforming the field so that messages cohere. For example, this might involve juxtaposing anti-racism, anti-stigma and suicide prevention campaign materials within a setting, and involving key club personnel e.g. players prominent across these campaigns to highlight complementary relationships and promote synergies. Anti-racism campaigns at football in the UK have succeeded in encouraging some degree of explicit reflexivity among supporters' social networks to the extent that calls to account over racism are now at least a possibility, for example on supporters' message boards. Such reflexive identification may remain to be achieved or only be achieved very sporadically concerning mental health and hegemonic masculinity.

Considerations foregrounding the *habitus* could include, for example, ensuring that interventions which highlight raising awareness are supported by further interventions that sustain and deepen men's engagement and assist them to address ambivalences of identification. Initial campaign messaging can be followed with further use of (visual) narratives, stories and role models to engage with the ambivalent attitudes and multiple or unstable masculine identities, and illustrate paths of change. Use of credible male role models, telling their stories with realism and hope, can have a big impact on otherwise disengaged community members. Storylines developed through a range of media can unpack subconsciously held cultural scripts, and characters invite empathy, to explore and legitimize male peer influence, and to 'normalise' people who have suicidal thoughts.

Finally, considerations foregrounding *capital* could include exploring how to moderate the risk that men will disengage from healthy practices, through encouraging forms of community social support that a) diffuse ambivalence and b) link men to helpful resources. An example within the Choose Life campaign concerns strengthening or empowering community networks, while training members of those networks, or community service providers with good links to those networks, to provide support and linkage to mental health services. There is potential for developing campaign initiatives in networks that bridge age, class, and gender divisions (e.g. at *cross-generational* festive events

such as music festivals), and in networks which develop links between *professionals and the general public*.

The Choose Life (NL) campaign, however, particularly targeted tight cohesive networks of people (particularly men) with strong associational bonds *at the football stadium*. The potency of this for support drawing on assets of community solidarity might be reduced if group members lack the knowledge to assist each other *and/or* share a 'defensive' culture (*habitus*) inhibiting trusting communication on mental health. Cohesive networks, particularly with traditional masculinity, can constrain behaviour due to strong social norms (Poortinga, 2011). For example, on match days men at a football match might see Choose Life billboards but might not discuss them with peers.

Opportunities and spaces for further reflection, interaction, and social practice may be facilitated between matches, drawing on assets in a football supporters' community. This might be addressed by training community members with basic skills around suicide prevention to talk with peers and link them to services. Training could, for example, be extended to: members and partners of a club community trust; well-respected members of supporters trust; moderators of independent fans forum; prominent editors of club independent fanzines; board members; bar and café staff (club staff and home supporters' pubs); football fans fitness trainers; and ground stewards. In this way, supporters' social capital around football beyond the terraces can be put to work as a resource for suicide prevention, **and new forms of practice negotiated in "concrete networks of social obligation and influence"** (Bottero, 2010, p. 19), **where the networks themselves encourage emergent forms of peer-peer interaction and reflection.** Similar initiatives were taken, in Choose Life (NL), to train taxi drivers, with the campaign message displayed on taxi side panels. Involving trusted community advocates has proved important to the success of men's health projects (Johal et al., 2012; Conrad and White, 2007), while training community facilitators has proved an effective component of systematic, multi-component suicide prevention programmes elsewhere (Hegerl et al., 2006).

Previous men's health research (De Visser et al., 2009) has suggested some ways that competence in traditional masculine domains (e.g. sport, drinking, muscular physique) can be deployed socially among males to compensate for non-masculine or less traditionally masculine behaviours in other domains; and this has been conceptualised as 'trading' masculine capital, considered as symbolic capital, in social discourse and practice. However, the potentially positive health value of this 'exchange', (for example continuing to be engaged in sport insures, or is traded, against giving up alcohol) is limited because of the higher value set on more hegemonic forms of masculine capital behaviour (De Visser et al., 2009). This limit, structurally reproduced across fields, partially accounts

for enduring ambivalences of identification and practice. Positive ‘exchange’ can, it is suggested, be facilitated, as outlined above, by targeting field, habitus and capital together. In this way, a space of possibility opens so that messages may cohere, credible role models (e.g. football players) present narratives of hope, and trained male football community supporters embody and champion the potential for men to draw on both social capital (support networks) and enduring masculine symbolic capital (internalised hegemonic status of sports supporters/players) when doing alternative masculinities (talking about emotions of vulnerability).

Problematic issues

Some thorny issues remain for using Bourdieu’s work to conceptualise relations between environments, resources and habits for men’s health promotion. Two particular issues concern the concept of field and its relationship to ‘settings’. Our focus in this article has **mainly** corresponded with that of feminist and sociological theorists engaging with Bourdieu in its focus on ‘work’. This is highly relevant since the disruption and transformation of specific fields of employment has had significant effects on male hegemony, and important implications for viewing the workplace as a potentially healthy setting for addressing inequalities. We have further exemplified the relevance of Bourdieu’s approach to men’s health promotion with reference to football leisure settings, which unlike service employment fields, preserve a space of ‘exchange’ (De Visser et al., 2009) for a predominantly masculine habitus. We have said less about the central field of family relations, although the examples (above) in Gibson’s study (2007) and Hall et al., (2007) remind us that dislocations and tensions within and between the gendered fields of family and work have powerful implications for reshaping dispositions (habitus) and reflexivity. From a health inequalities perspective, it is also important to focus specifically on *social exclusion* arising from changes in fields, for example decline in manufacturing and labour market trends engendering male unemployment.

Our first concern, then, highlighting the importance of the structural embedding of gender relations in creating health inequalities, is around field-habitus-capital relations for men who are socially excluded. With reference to suicide prevention, our example above, the rise in mental health problems and suicide rates among middle-aged men of low socio-economic position, especially those who are unemployed and isolated, has been well documented (Samaritans, 2011, 2012). The risk is further exacerbated where there is also disruption in the family field i.e. relationship breakdown in mid-life (Evans et al., 2012; Kiernan and Muller, 1998). When men, in particular, experience sudden or long-term, unplanned unemployment, they are distressingly deprived of the “objective conditions of fields” which provide income and companionship, and lose those routine

structures which provide an orientation to practical action and to anticipated futures within dispositions ('habitus') formed in the past (Adkins, 2009; Bourdieu, 2000). This would apply also, in ways still to be fully analysed, for those who are subject to highly casualised and sporadic (often low-paid) employment for example in zero-hours contracts.

Whereas over extended periods of time, displacement of cohorts of men across fields (e.g. manufacturing to service work) arguably holds out (highly qualified) potential for reflexivity, when men lose work, isolation and disorientation around dispositions and expectations can lead to a traumatic fracturing. With social exclusion, and loss of economic capital, unemployed men may not attend 'mainstream' leisure settings such as football stadia. Loss of field also deprives them of masculine capital. Broadly, addressing health inequalities around male suicide therefore requires macro-level, socio-economic (e.g. labour market) interventions to address structural inequalities around break-up of fields. At a micro-level, within a healthy settings framework, health promotion workers perhaps need to consider 'moderators' which can stabilise a field for developing trusting relations and social capital: "de-stabilizing influences such as high unemployment... can lead to considerable dislocation of social networks. In such circumstances action to promote health might focus on support for re-establishing social networks." (WHO 1998: 19). The Choose Life (NL) evaluation recommended provision of training to groups such as homeless workers, job centre workers and other community volunteers and male role models or mentors who survived and thrived. These groups would be supported to engage with unemployed men at aggravated risk, around activities in communities, building networks of social support, spaces for reflection, and developing resilience. Emerging networks can potentially develop new inter-subjective "negotiation of practice in concrete networks of social obligation and influence" (Bottero, 2010, pp.19-20).

A second particular challenge is to address rapid, apparently exponential, and long-term changes brought about by new technologies and increasing social plurality in fields of objective social relations. Debate flourishes around the 'fields' of new virtual consumer-service economies and flexible employment, and online social recreational networks. Here, people may no longer interact primarily through a shared 'geographical' field (for example the factory, the office, traditionally associated with hegemonic power relations) but through communities of interest, including (virtual) on-line groups, as well as go-to- leisure groups. This more open-ended field-spectrum has been rather optimistically called a field of 'circulation', rather than (with hegemonic overtones) 'territory' (Adkins, 2009: 4). New forms of global hegemony (e.g. ubiquitous on-line surveillance, and invasive marketing) have emerged, and the fields are highly differentiated. With these developments, people become increasingly aware that they have multiple, rapidly changing and "culturally contingent"

identities across fields, affected by hyper-connectivity and increasing social plurality, with a blurring of public and private identities (The Government Office for Science, 2013: 4). People increasingly find different aspects of identities, including gendered aspects, more relevant in different contexts (The Government Office for Science, 2013). Nevertheless people's emotional wellbeing requires continuities as well as fragmentation of core elements of identity, insofar as a sense of coherence is salutogenic (Antonovsky, 1987). Coherence incorporates diversity, this is illustrated in particular experiences of social migration where (some) men or women through reflexivity can bridge or mediate shared understandings between different social and cultural practices and their (complex, plural, hybrid identity) is affirmed through this process (Maahlouf, 2011); similarly men can bridge or mediate (not uncritically) between different (multiple, traditional and emergent) masculinities across fields. This exchange of masculine capital and celebration of complex, plural identities is potentially enhanced through hyper-connectivity. **The online field potentially encourages new forms of social networks, mutual influence, and ways of coordinating dialogic reflection on problems.** However, there is constant tension as the hierarchical structuring of fields often works powerfully against progressive tendencies. This can be perceived within hyper-connectivity in the corporate and consumption-led erosion of securely bounded space for reflective, social exchange.

The implications of virtual/online fields for healthy settings approaches to men's health are far-reaching. For example, at a practical level, mental health promotion research suggests that internet interventions may be more likely to be successful for young men if they provide: facilitated contact with a peer community who seek to thrive through having similar experiences, a richly interactive, graphically responsive experience, active engagement, control, ownership, and personalisation (Ellis et al., 2013). Recent initiatives taking account of such considerations have included the website of CALM (Campaign Against Living Miserably) www.thecalmzone.net/ which celebrates youth masculine capital and complex identities of young people in seeking to structure a safe field for male help-seeking and support provision.

For men's health practice, maintaining the focus on health inequalities, first, it is crucial to critically analyse the (fast-evolving, global-local) structural relations of fields of practice (e.g. family and work) which remain critical to men's health and wellbeing. Second, it is important to consider dynamics of field, habitus and capital in order to clarify structure/agency questions. With the fracturing of fields and multiplying of still-too-frequently commodified masculine 'identities', men's capacity to reflect on and choose between embodied and gendered values (habitus), and deploy and *exchange* symbolic capital (including different masculinities) within social discourses and practices **characterised by mutual influence and accountability** is increasingly important.

For men's health and well-being, especially young men, thriving today in structurally unstable fields (e.g. employment) presupposes a more flexible habitus, adaptive to multiple masculinity positions, while *reflexively* containing these within and sustaining a durable core identity; no easy task. Key analytic challenges concern understanding the moderating effects of age and generation in field-habitus-capital relationships, always deeply permeated by gender and class. While generation effects for men, such as parenting and awareness of bodily change and mortality, are powerful influences on reflexivity within the gendered habitus, so are social cohort effects. These social cohort effects relate to changing fields **and social positions within fields**, for example discourses of masculinity in service economies, and social media, and **they influence the shaping of networks where reflexivity can occur**. There is an evident challenge for researchers to refine theoretical understandings through empirical engagement with contemporary fields.

Conclusions

This article has explored how men's health promotion which seeks to integrate itself with inequalities in health work may benefit from engagement with Bourdieu's theoretical writings, and with feminist and sociological thinkers who walk this terrain. Health promotion work within a healthy settings framework involves conceptualising and implementing interventions that in effect consider the *interrelated* dimensions of field, habitus, and capital. The precision and power of these joined-up concepts within Bourdieu's wider theory can bring greater clarity to central concerns within men's health promotion. These concerns include understanding relationships between social positions in structural hierarchies, around gender, occupation, and ethnicity, and their psychosocial effects, i.e. structured dispositions, reflexivity, and agency within **socially networked and accountable practices**. Questions persist concerning theorising the fast-changing fields of social relations, in relationship with social exclusion and inequalities, **(e.g. concerning casualised employment)** and with the presumed structured tenacity of dispositions underpinning male social identities and practices, and more recently available discourses of multiplicity, fluidity, and situated negotiation. These current challenges further motivate the project of more meaningful dialogue between the field of gender and men's health, (particularly the critical men's health approach, Lohan, 2007) and the vibrant field of sociological and feminist engagements with Bourdieu.

Date 11-04-2014

References

- Adkins, L. (2004) Reflexivity, freedom or habit of gender? In L. Adkins and B. Skeggs. *Feminism after Bourdieu*. Oxford: Blackwell, 191-210.
- Adkins, L. (2009) "Sociological Futures: From Clock Time to Event Time" *Sociological Research Online* 2009 14(4)8 <http://www.socresonline.org.uk/14/4/8.html> 2.4 p1 doi:10.5153/sro.1976 p.1
- Antonovsky, A. (1987) *Unraveling The Mystery of Health - How People Manage Stress and Stay Well*, San Francisco: Jossey-Bass Publishers.
- Bolton, S. (2000) "Who cares? Offering emotion work as a "gift" in the nursing labour process" *Journal of Advanced Nursing*, 32 (3), 580–6. 22.
- Bolton, S. (2005) *Emotion Management in the Workplace*. London: Palgrave; .
- Bottero, W. (2010) *Intersubjectivity and Bourdieusian Approaches to Identity*. *Cultural Sociology*. 4 (1) 3-22.
- Bourdieu (1977) *Outline of a theory of Practice*. trans. Richard Nice, Cambridge University Press, Cambridge. (Original edition, *Esquisse d'une Théorie de la Pratique*, Droz, Genève, 1972).
- Bourdieu (1984) [*Distinction: A Social Critique of the Judgment of Taste*](#), trans. Richard Nice, 1984. [Harvard University Press](#).
- Bourdieu, P. (1986) The forms of capital. In J. Richardson (Ed.) *Handbook of Theory and Research for the Sociology of Education*. New York, Greenwood, 241-258.
- Bourdieu, P. (1992a). *The Logic of Practice*. Stanford, CA: Stanford University Press
- Bourdieu, P. (1992b) *An Invitation to Reflexive Sociology*. Cambridge. Polity Press.
- Bourdieu, P. (2000) *Pascalian Meditations*. Cambridge: Polity.
- Bourdieu, P. (2001). *Masculine domination*. Stanford, CA: Stanford University Press
- Bourdieu, P. (2005). Habitus. In J. Hillier & E. Rooksby (Eds.), *Habitus: A sense of place* (2nd ed., pp. 43-52). Aldershot, UK: Ashgate, 46.
- Butler, J. (1999) 'Performativity's Social Magic' in R. Shusterman (ed) *Bourdieu: A Critical Reader*. Oxford: Blackwell, 118

Chambers, C. (2005). "Masculine Domination, radical feminism and change". *Feminist Theory*, 6(3), 325–346.

Coles, T. (2009). Negotiating the field of masculinity: the production and reproduction of multiple dominant masculinities, *Men and Masculinities*, 12, 1, 30–44.

Conrad, D and White, A. (eds.) (2007) *Men's health – How to Do It*. Oxford. Radcliffe.

Corrigan, P. W., & Wassel, A. (2008) "Understanding and influencing the stigma of mental illness". *Journal of Psychosocial Nursing and Mental Health Services*, 46,1, 42-48.

Crossley, N. (2001) *The Social Body: habit, identity and desire*. London. Sage.

de Visser, Richard O, Smith, Jonathan A and McDonnell, Elizabeth J (2009) " ['That's not masculine': masculine capital and health-related behaviour.](#)" *Journal of Health Psychology*, 14 (7), 1047-1058.
ISSN 1359-1053

Dolan, A. (2011) 'You can't ask for a Dubonnet and lemonade!': working class masculinity and men's health practices. *Sociology of Health & Illness*, Volume 33 (Number 4). pp. 586-601. ISSN 0141-9889

Dolan, A. and Coe, C. (2011) 'Men, masculine identities and childbirth' *Sociology Of Health And Illness* 33 (7), 1019 - 1034

Dooris M. and Hunter D. (2007). Organisations and settings for promoting public health. In Lloyd C. E., Handsley S., Douglas J., Earle S., Spurr S. (Eds.), *Policy and practice in promoting public health*, 95-126. London, England: Sage.

Dooris M., Poland B., Kolbe L., Leeuw E. D., McCall D., Wharf-Higgins J.(2007). Healthy settings: Building evidence for the effectiveness of whole system health promotion—challenges and future directions. In McQueen D. V., Jones C. M. (Eds.), *Global perspectives on health promotion effectiveness*, 327-352. New York, NY: Springer.

Ellis L., Collin, P., Hurley, P., Davenport, T., Burns, J. and Hickie, I. Young men's attitudes and behaviour in relation to mental health and technology: implications for the development of online mental health services. *BMC Psychiatry* 2013, 13:119 doi:10.1186/1471-244X-13-119

Evans, R., Scourfield, J. and Moore, G. (2012) Gender, relationship breakdown and suicide risk: a systematic review of research in western countries. In Samaritans (2012) "Men and Suicide Research Report". Ewell. Surrey: The Samaritans. www.samaritans.org pp. 36-56

The Government Office for Science (2013), *Foresight Future Identities*. Executive Summary. The Government Office for Science, London.

Gibson B. Young N. Upshur R. and McKeever P. (2007). "Men on the margin: A Bourdieusian examination of living into adulthood with muscular dystrophy". *Social Science and Medicine* 65(3):505-517.

Hall, A. Hockey, J. and Robinson, V. (2007) "Occupational cultures and the embodiment of Masculinity: hairdressing, estate Agency and fire-fighting", *Gender, Work and Organization*, vol. 14, no. 6, 534-551 (J).

Hegerl U, Althaus D, Schmidtke A, et al (2006). The alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality. *Psychological Medicine* 36, 1225–1233

Hochschild, A. (1979) "Emotion work, feeling rules, and social structure". *American Journal of Sociology*, Vol. 85, 551-575.

Hochschild, A. (2003) *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press.

Kiernan, K. & Mueller, G. (1998). *The divorced and who divorces?* CASE paper 7, Centre for Analysis of Social Exclusion, London, London School of Economics.

Kilmartin, C. (2005) "Depression in men: communication, diagnosis and therapy". *Journal of men's health and gender*, 2 (1), 95-99.

Krais, B. (2006). "Gender, sociological theory and Bourdieu's sociology of practice". *Theory, Culture & Society*, 23(6), 119–134.

Johal, A., Shelupanov, A., & Norman, W. (2012). *Invisible men: engaging more men in social projects*. Big Lottery Fund. Retrieved from http://www.biglotteryfund.org.uk/er_invisible_men.pdf

Lohan, M. (2007) "How Might We Understand Men's Health Better? Integrating Explanations From Critical Studies On Men And Inequalities In Health". *Social Science and Medicine*, 65: 493-504

Maahlouf, (2011) *Disordered world. A Vision for the Post-9/11 World*. London. Bloomsbury.

McNay, L. (1999). "Gender, Habitus and the Field: Pierre Bourdieu and the Limits of Reflexivity". *Theory, Culture and Society*, 16: 95-117.

McNay, L. (2004). Agency and experience: gender as a lived relation. In L. Adkins and B. Skeggs. *Feminism after Bourdieu*. Oxford: Blackwell. pp. 191-210.

Nixon, D. (2009) 'I can't put a smiley face on'. Working class masculinity, emotional labour, and service work in the new economy. *Gender, Work and Organisation*. 16: 3 300-322.

O'Brien, R., K. Hunt, et al. (2005). "'It's cavemen stuff, but that is to a certain extent how guys still operate': men's account of masculinity and help seeking." *Social Science & Medicine* 61(2005): 503-516

Pevalin D and Rose D. (2003) "Social Capital for Health: Investigating the link between social capital and health using the British Household Panel Survey". London: Health Development Agency.

Poortinga, W. (2011) "Community resilience and health: The role of bonding, bridging, and linking aspects of social capital". *Health & Place*, doi:10.1016/j.healthplace.2011.09.017;

Robertson, S. (2007) *Understanding men and health*. London, Open University Press.

Robertson & Williams (2012) The importance of retaining a focus on masculinities in future studies on men and health. In: Tremblay, G. Bernard, F. (eds) *Future Perspectives for Intervention, Policy and Research on Men and Masculinities: An International Forum*. Men's Studies Press, Tennessee.

Samaritans (2011) "Suicide Statistics Report 2011". Ewell, Surrey: The Samaritans.
www.samaritans.org

Samaritans (2012) "Men and Suicide Research Report". Ewell. Surrey: The Samaritans.
www.samaritans.org

Skeggs, B. (2004) Context and Background: Pierre Bourdieu's analysis of class, gender and sexuality. In L. Adkins and B. Skeggs. *Feminism after Bourdieu*. Oxford: Blackwell, 191-210.

Thorpe, H. (2009) "Bourdieu, feminism and female physical culture: gender reflexivity and the habitus-field complex". *Sociology of Sport Journal*, 26, 491-516.

Thorpe, H. (2010) "Bourdieu, gender reflexivity and physical culture: a case of masculinities in the snowboarding field". *Journal of Sport and Social Issues*. 34. 176.

Wacquant, L. 2004, 'Habitus', in J Beckert & M Zafirovski (eds.), *International encyclopedia of economic sociology*, 315–19, London, Routledge.

Whitelaw S., Baxendale A., Bryce C., Machardy L., Young I., Witney E. (2001) "Settings based health promotion: A review". *Health Promotion International*, 16, 339-352.

Williams, R. (1977) *Marxism and Literature*, Oxford: Oxford University Press.

Williams, S. (1995) "Theorising class, health and lifestyles: can Bourdieu help us?" *Sociology of Health & Illness* 17(5): 577-604

Woodall, J. (2012) "Identifying Health Promotion Needs Among Prison Staff in Three English Prisons. Results from a Qualitative Study". *Health Promotion Practice*. September 14, 2012, doi: 10.1177/1524839912452566

World Health Organisation (1998) *Health Promotion Glossary*. p. 19. Geneva. Switzerland.

BLINDED et al (In press). 'Talk' about male suicide? Learning from community programmes. *The Mental Health Review Journal*.